

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1225

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Widower

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-18-1856

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Male Clerk Retiree

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Mulberry Grove  
Illinois

MOTHER FATHER

## 13. NAME

Audrey Jackson

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Virginia

## 15. MAIDEN NAME

Martha Sellers

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Virginia

17. INFORMANT  
(ADDRESS)Mrs. Har. Porcain  
St. Louis, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis, Mo.

DATE

1/23

1932

19. UNDERTAKER  
(ADDRESS)O. V. Mass General Home  
3146 Main St.

## 20. FILED

Jan 22 1932 M. M. Grove  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1-20

1932

## 22. I HEREBY CERTIFY, That I attended deceased from

November 24, 1931, to Jan 20, 1932

I last saw him alive on Jan 20, 1932. Death is said  
to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset  
July 1931

## Other contributory causes of importance:

Not known

## Name of operation

None

Date of

## What test confirmed diagnosis

Physical Ex.

Was there an autopsy? No

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry L. Martin

M. D.

(Address)

8601 East 12th

Dr. Henry L. Martin

601 East 12<sup>th</sup> St.

Vi 4510